

D.I. # _____

CIVIL ACTION**NUMBER:** 08-272 SLRU.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WARDEN PERRY PHELPS
JAMES T. VAUGHN CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DE 19977

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X*[Signature]*☐ Agent☒ AddresseeB. Received by (Printed Name) *M. L. Amor* Date of Delivery *8/21*D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below ☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7007 3020 0002 3324 6739